M

08794

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) ANDREW (Last) BARNES
4. DATE OF DEATH (Month) 8 (Day) 3 (Year) 1952
5. SEX M
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 7-25-1908
9. AGE last birthday 44 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME James Barnes
14. MOTHER'S MAIDEN NAME Elizabeth Lyles
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Bessie Brooks

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Multiple penetrating shot wound of med. thorax	Immediate
981X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home
(CITY OR TOWN) Mechanicsville (COUNTY) St. Mary's (STATE) Md
TIME OF INJURY (Month) 8 (Day) 3 (Year) 52 (Hour) 11:30 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Shot from behind & shot gun

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE John [illegible] (Degree or title) ADDRESS W. Lexington Park, Md DATE SIGNED 8/4/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-6-52
NAME OF CEMETERY OR CREMATORY Ebenezer M.E.
LOCATION (City, town, or county) Charlotte Hall (State) Md.
DATE REC'D BY LOCAL REG. 8/5/52
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR P B Robinson - Leonardtown Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

T

RECEIVED
AUG 7 1952
BUREAU V. S.

08795

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Avenue
LENGTH OF STAY (in this place) 22 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Avenue
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Effie (Middle) Ruth (Last) Buckler
4. DATE OF DEATH (Month) Aug (Day) 28 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH May 2-1879
9. AGE last birthday 73 yrs. If under 1 year Months 3 Days 26 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Joseph Curry
14. MOTHER'S MAIDEN NAME Martha Hill
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mrs Clyde, Lawrence

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
331X	Immediate cause	(a) Cerebral hemorrhage	one wk
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	10 years
		(c) Arteriosclerosis	10 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/22, 1952, to 8/28, 1952, that I last saw the deceased alive on 8/25, 1952, and that death occurred at 1130 p.m., from the causes and on the date stated above.

SIGNATURE Wm D Boyd (Degree or title) MD ADDRESS Leonardtown DATE SIGNED 8/29/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept 1-1952
NAME OF CEMETERY OR CREMATORY Sacred Heart
LOCATION (City, town, or county) (State) Bush Wood St Marys Md

DATE REC'D BY LOCAL REG. ~~8/5/52~~ 8-28-52
REGISTRAR'S SIGNATURE J. A. Camalier
24. FUNERAL DIRECTOR Joe C. Mattingley ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
SEP 3 1952
BUREAU V. S.

08796

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

1. PLACE OF DEATH — COUNTY: St Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Leonardtown — LENGTH OF STAY (in this place): 3 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: St. Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Palmers
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Joseph Enderes Cheseldine
4. DATE OF DEATH (Month) (Day) (Year): Aug 23 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: May 12 1873
9. AGE last birthday: 79 yrs. — If under 1 year: Months 3 Days 7 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman oyster & crab for self
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Milton Cheseldine
14. MOTHER'S MAIDEN NAME: Rebbea Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Mrs Margaret Irwin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma Prostate Gland

177X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/1, 1952, to 8/23, 1952, that I last saw the deceased alive on 8/22, 1952, and that death occurred at 9:35 a.m., from the causes and on the date stated above.

SIGNATURE: Fred A. Cavallis (Degree or title) MD — ADDRESS: Leonardtown Md — DATE SIGNED: 8/23/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Aug 25-52
NAME OF CEMETERY OR CREMATORY: Sacred Heart
LOCATION (City, town, or county) (State): Bush Wood Md

DATE REC'D BY LOCAL REG.: 8/23/52
REGISTRAR'S SIGNATURE: Cavallis
24. FUNERAL DIRECTOR: Jos C. Mattingley — ADDRESS: Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

RECEIVED
AUG 25 1952
BUREAU V. S

08798

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

282

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown Md
LENGTH OF STAY (in this place) 10 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hospital St Marys

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Clyde (Middle) E (Last) Coburn
4. DATE OF DEATH (Month) Aug (Day) 15 (Year) 1952
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Feb 7-1921
9. AGE last birthday 31 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lineman
10b. KIND OF BUSINESS OR INDUSTRY So Md Coop
11. BIRTHPLACE (State or foreign country) West Va
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Sam Coburn
14. MOTHER'S MAIDEN NAME Lucy Shorter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. 224-16-6716
17. INFORMANT AND ADDRESS Lucile Coburn Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

152x Immediate cause (a) Cancer, terminal ileum; DT
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Delirium Tremens, shock
(c) Appendicitis chronic, with adhesions chronic, ethylic stage

INTERVAL BETWEEN ONSET AND DEATH: several months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Aug. 9, 52
19b. MAJOR FINDINGS OF OPERATION Ca Terminal ileum with metastases to nodes
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 5, 1952, to 15 Aug, 1952 that I last saw the deceased alive on 15 Aug, 1952 and that death occurred at 2 40 P. m., from the causes and on the date stated above.

SIGNATURE Onarbaugh (Degree or title) ADDRESS Waldorf DATE SIGNED Md.

23. BURIAL, ~~CREMATION~~ ~~REMOVAL (Specify)~~ DATE THEREOF 8-18-52 NAME OF CEMETERY OR CREMATORY ~~St Peters~~ Oakland LOCATION (City, town, or county) Waldorf (State) Md

DATE REC'D BY LOCAL REG. 8/16/52 REGISTRAR'S SIGNATURE ~~M. L. Moore~~ F. A. Camalier
24. FUNERAL DIRECTOR Hunt & Ryon ADDRESS Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

COPY SENT TO LOCAL REGISTRAR No. ____ DATE AUG 18 1952

RECEIVED

BUREAU V. S.

08799

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 282

M.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS. A-5 8-51

T

1. PLACE OF DEATH:
COUNTY St. Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (In this place) 6 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lexington Park
STREET ADDRESS (If rural, give location) # 40 Salamaua Court

3. NAME OF DECEASED: (Type or Print) (First) Alpheus (Middle) David (Last) Connor, Jr.

4. DATE OF DEATH: (Month) Aug. (Day) 15 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: April 21, 1903

9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): South Carolina

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Alpheus D. Connor, Sr.

14. MOTHER'S MAIDEN NAME: Henrietta Collier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) ------

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Grace L. Connor - #40 Salamaua Ct. Lexington Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Heart failure

540.1 DUE TO

Antecedent cause(s) (b) Perforated stomach ulcer (36 hrs old) — 36 hrs

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO

(c) Peptic ulcer

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. coronary thrombosis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 PM. 14 Aug 1952, to 030 Aug 15 1952, that I last saw the deceased alive on 030 Aug 15 1952 and that death occurred at 110 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Michael Barbaink, M.D. ADDRESS Waldorf, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Transportation

DATE THEREOF 8-17-52

NAME OF CEMETERY OR CREMATORY Whitehouse Cemetery

LOCATION (City, town, or county) (State) Orangeburg, So. Carolina

DATE REC'D BY LOCAL REG. 8/16/52

REGISTRAR'S SIGNATURE F. A. Samolier

24. FUNERAL DIRECTOR P. B. Robinson - Leonardtown, Md. ADDRESS

RECEIVED
AUG 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415A

1. PLACE OF DEATH: COUNTY St. Mary's; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Great Mills; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St. Mary's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Great Mills; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) DAN (Middle) ELLIOTT (Last) Coombs

4. DATE OF DEATH: (Month) 8 (Day) 2 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: 10-6-1950

9. AGE last birthday: 1 yrs. If under 1 year: Months 10; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Ira F. Coombs

14. MOTHER'S MAIDEN NAME: Frances M. Cameron

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: [illegible]

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia due to drowning

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Instd

20. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

21a. DATE OF OPERATION:

21b. MAJOR FINDINGS OF OPERATION:

22. AUTOPSY? Yes ☐ No ☒

23. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Creek

(CITY OR TOWN) Great Mills (COUNTY) St. Mary's (STATE) Md.

TIME OF INJURY (Month) 8 (Day) 2 (Year) 52 (Hour) About 11 a.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Drowned in creek near home.

24. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Leitch Park, Md. DATE SIGNED 8/2/52

25. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF 8-4-52; NAME OF CEMETERY OR CREMATORY Holy Face; LOCATION (City, town, or county) Great Mills, Md. (State)

DATE REC'D BY LOCAL REG. 8-3-52; REGISTRAR'S SIGNATURE [signature] M.D. Local Registrar

26. FUNERAL DIRECTOR [signature]; ADDRESS Leonardtown, Md.

AUG 5 1952

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thompson Corner
LENGTH OF STAY (In this place) 3 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville Md
STREET ADDRESS (If rural, give location) R.F.D. #2

3. NAME OF DECEASED (Type or Print) (First) James (Middle) T. (Last) Goldsborough
4. DATE OF DEATH (Month) 8 (Day) 7 (Year) 1952

5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Feb 11, 1870
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Remarks
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Maryland St. Mary's Co.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME William Goldsborough
14. MOTHER'S MAIDEN NAME Harriett Farrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mrs. Gertrude Tippett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Cardiac decompensation	2 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Arterial sclerotic C.V. disease	
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from:....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 3:30 A.m., from the causes and on the date stated above.

SIGNATURE Roy Guyther, Md (Degree or title) ADDRESS Mechanicsville DATE SIGNED 8/7/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 9, 1952
NAME OF CEMETERY OR CREMATORY St. Josephs
LOCATION (City, town, or county) Morganza (State) Md

DATE REC'D BY LOCAL REG. [illegible]
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Jos. C. Mattingley ADDRESS Leonardtown Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 11 19[illegible]
BUREAU V. S.

08802

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:
COUNTY St. Marys MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Marys
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Loveville
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Ignatius (Last) Somerville

4. DATE OF DEATH: (Month) 8/ (Day) 18/ (Year) 1952

5. SEX: male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH: Nov. 8, 1869
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) -------
16. SOCIAL SECURITY NO.: --- -----
17. INFORMANT & ADDRESS: Florance Herbert - Morganza, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Arteriosclerotic c.v. disease — INTERVAL BETWEEN ONSET AND DEATH: 3 mos

DUE TO

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c) Cardiac decomp. with hydrothorax

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 15, 1952, to Aug 18, 1952, that I last saw the deceased alive on Aug 18, 1952, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Roy Guyther, M.D. (DEGREE OR TITLE) ADDRESS Mechanicsville DATE SIGNED 8/19/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/ 21 / 52
NAME OF CEMETERY OR CREMATORY St. Joseph C[illegible]ry
LOCATION (City, town, or county) (State) Morganza, Maryland.

DATE REC'D BY LOCAL REG. 8/20/52
REGISTRAR'S SIGNATURE Cuenalier

24. FUNERAL DIRECTOR P.B. Robinson - Leonardtown, Md. ADDRESS

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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8/22/19[illegible]

[illegible]EAU V. S.

Item 21 Film G146 9-18-52 ams

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. [illegible]

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Compton
LENGTH OF STAY (In this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington [illegible]
STREET ADDRESS (If rural, give location) 1443 [illegible]

3. NAME OF DECEASED (Type or Print) (First) Gerald (Middle) Francis (Last) Stewart
4. DATE OF DEATH (Month) Aug (Day) 9 (Year) 19[illegible]

5. SEX MALE
6. COLOR OR RACE [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH [illegible]
9. AGE last birthday: [illegible] yrs. If under 1 year: Months 3 Days 13 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]
10b. KIND OF BUSINESS OR INDUSTRY [illegible]
11. BIRTHPLACE (State or foreign country) [illegible]
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —
16. SOCIAL SECURITY No. 223-36-1129
17. INFORMANT AND ADDRESS Mrs Blanche C Stewart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Suffocation from Drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Drowning

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Brittons Bay
(CITY OR TOWN) Compton (COUNTY) St Marys (STATE) Md
TIME OF INJURY (Month) Aug (Day) 9 (Year) 1952 (Hour) 2:30 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Had been in wading - stepped into gut and was carried with current.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Francis F [illegible] Mr. ADDRESS Leonardtown Md DATE SIGNED 8 9 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 13-52
NAME OF CEMETERY OR CREMATORY [illegible]
LOCATION (City, town, or county) [illegible] (State) Md

DATE REC'D BY LOCAL REG. [illegible]
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

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RECEIVED
AUG 12 1952
BUREAU V. S.

Items 3,8,9 FilmG146 8/27/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH COUNTY [illegible] MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] LENGTH OF STAY (in this place) [illegible]	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) [illegible]	4. DATE OF DEATH (Month) (Day) (Year) [illegible] 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
[illegible]	White	[illegible]	[illegible]	7 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) [illegible]	12. CITIZEN OF WHAT COUNTRY? [illegible]
13. FATHER'S NAME [illegible]		14. MOTHER'S MAIDEN NAME [illegible]	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If yes, give war or dates of service) [illegible]	16. SOCIAL SECURITY NO. —	17. INFORMANT, AND ADDRESS [illegible]	

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Coronary occlusion	3 Days
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Gen arteriosclerosis	
(c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 18, 1952, to Aug 21, 1952, that I last saw the deceased alive on Aug 21, 1952, and that death occurred at 1200 A m., from the causes and on the date stated above.

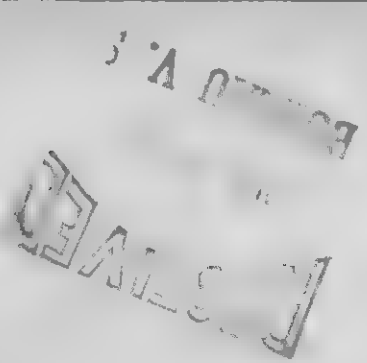
SIGNATURE J Roy Gunther, M.D. (Degree or title) ADDRESS Mechanicsville, Md DATE SIGNED 8/22/52

23. BURIAL, CREMATION REMOVAL (Specify) [illegible]	DATE THEREOF [illegible]	NAME OF CEMETERY OR CREMATORY [illegible]	LOCATION (City, town, or county) (State) [illegible]
DATE REC'D BY LOCAL REG. [illegible]	REGISTRAR'S SIGNATURE [illegible]	24. FUNERAL DIRECTOR [illegible]	ADDRESS

VS. A15-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
LENGTH OF STAY (in this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location) R. F. D. # 2

3. NAME OF DECEASED (Type or Print): (First) [illegible] (Middle) [illegible] (Last) [illegible]

4. DATE OF DEATH: (Month) [illegible] (Day) 28 (Year) 19[illegible]

5. SEX [illegible]

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]

8. DATE OF BIRTH [illegible]

9. AGE last birthday [illegible] yrs. If under 1 year: Months [illegible] Days [illegible] If under 24 hrs.: Hours [illegible] Min. [illegible]

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]

10b. KIND OF BUSINESS OR INDUSTRY [illegible]

11. BIRTHPLACE (State or foreign country) Maryland [illegible]

12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME [illegible]

14. MOTHER'S MAIDEN NAME [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) [illegible]

16. SOCIAL SECURITY NO. [illegible]

17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac decompensation — 1 hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rheumatic heart disease — 20 yrs

(c)

416X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION [illegible]

19b. MAJOR FINDINGS OF OPERATION [illegible]

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) [illegible]

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) [illegible] (CITY OR TOWN) [illegible] (COUNTY) [illegible] (STATE) [illegible]

TIME OF INJURY (Month) [illegible] (Day) [illegible] (Year) [illegible] (Hour) [illegible] m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? [illegible]

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at 1 [illegible] m., from the causes and on the date stated above.

SIGNATURE Roy Gunther, M.D. (Degree or title) ADDRESS Mechanicsville, Md. DATE SIGNED 5/28/52

23. BURIAL, CREMATION, REMOVAL (Specify) [illegible]

DATE THEREOF [illegible]

NAME OF CEMETERY OR CREMATORY [illegible]

LOCATION (City, town, or county) [illegible] (State) [illegible]

DATE REC'D BY LOCAL REG. [illegible]

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

RECEIVED
SEP 3 1952
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 88806

CERTIFICATE OF DEATH

Reg. Dist. No. 2-81

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-52

1. PLACE OF DEATH:
COUNTY St. Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Infirmary, USNAS Patuxent River, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Tenn. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Memphis
STREET ADDRESS (If rural, give location): 3443 Galloway Ave. ✓

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last): Baby Girl TOLLEY

4. DATE OF DEATH: (Month) Aug (Day) 31 (Year) 52

5. SEX: FEmale

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 31 August 1952

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours 16, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Orville Elmer TOLLEY

14. MOTHER'S MAIDEN NAME: Mary Francis CARPERDER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Navy Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

774X

Immediate cause (a) Immaturity — DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 16 hr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Premurity — DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ 0617 — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 31 Aug., 1952, to 31 Aug. 1952, that I last saw the deceased alive on 31 Aug., 1952, and that death occurred at 2230 m., from the causes and on the date stated above.

SIGNATURE: M.J. Sullivan (DEGREE OR TITLE) M.J. SULLIVAN LCDR MC USN — ADDRESS Patuxent River Md. — DATE SIGNED 9-1-52

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE THEREOF 9-1-52 — NAME OF CEMETERY OR CREMATORY: to Bethesda for an autopsy — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 9-1-52 — REGISTRAR'S SIGNATURE: C.J. Beam, M.D. Local Registrar

24. FUNERAL DIRECTOR: U.S. Navy — ADDRESS: Patuxent River Md.

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RECEIVED
SEP 3 1952
BUREAU V. S.

08807

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY St Marys — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Infirmary USNAS, Patuxent River, Md.

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Colorado COUNTY Not known

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Englewood, Colorado

STREET ADDRESS (If rural, give location) 4840 South Huron St. ✓

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) BABY BOY WILTERDING

4. DATE OF DEATH: (Month) Aug (Day) 22 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 20 August 1952

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months, Days 1 + | IF UNDER 24 HRS.: Hours 28, Min. 4

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Clinton Clifford WILTERDING

14. MOTHER'S MAIDEN NAME: Geraldine Wynone Higgens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Navy Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

762.5

Immediate cause (a) Atelectasis, both lungs — INTERVAL BETWEEN ONSET AND DEATH: 28 hrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Prematurity

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on 22, 1952, and that death occurred at 3:55 A.m., from the causes and on the date stated above.

SIGNATURE Alessandro Trombetta (DEGREE OR TITLE) CDR MC USN ADDRESS DATE SIGNED

Alessandro TROMBETTA CDR MC USN

23. BURIAL, CREMATION REMOVAL (Specify): Cremation

DATE THEREOF 8/24/52

NAME OF CEMETERY OR CREMATORY J. Wm. Lee

LOCATION (City, town, or county) (State) Washington, C.C.

DATE REC'D BY LOCAL REG. 8/24/52

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS P.B. Robinson - Leonardtown, Md.

2082 191382 P. J. Bean